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Attention: Examiner Michael Mendoza  
 Company: United States Patent and Trademark Office  
 Fax number: (703) 872-9306  
 From: Robert E. West  
 Date: May 5, 2005  
 Number of Pages (including this cover): 15

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Applicant(s):	Robert A. Casper et al.	Atty. Docket No.:	P-5352C1
Serial No.:	10/685,187	Group Art Unit:	3731
Filed:	October 14, 2003	Examiner:	Mendoza, Michael
For:	Medicament Respiratory Delivery Device and Method		

The following documents are attached to this facsimile:

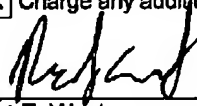
1. Amendment Transmittal Letter;
2. Response to Office Action mailed February 9, 2005; and
3. Terminal Disclaimer To Obviate a Double Patenting Rejection Over A Prior Patent (6,644,309)

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Becton, Dickinson and Company

AMENDMENT TRANSMITTAL LETTER					
Application No. 10/685,187	Filing Date October 14, 2003	Examiner Michael Mendoza	Group Art Unit 3731		
Applicant(s): Casper et al.			Docket No. P-5352C1		
Invention: Medicament Respiratory Delivery Device and Method					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	32	- 25 =	7	x \$50.00	\$350.00
Independent Claims	4	- 4	0	x \$200.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Terminal Disclaimer 37 CFR 1.20(d)					\$130.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>\$480.00</b>
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 02-1666 in the amount of \$480.00. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. 02-1666 as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Robert E. West Registration No.: 48,030  Becton, Dickinson and Company 1 Becton Drive Franklin Lakes, New Jersey 07417-1880 (201)847-6782				Dated: May 5, 2005	
Doc# 926441					

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Casper et al.

Conf. No.: 4211

Serial No.: 10/685,187

Art Unit: 3731

Filing Date: October 14, 2003

Examiner: Mendoza, Michael

Docket No: P-5352C1

Title: Medicament Respiratory Delivery Device and Method

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO FEBRUARY 9, 2005  
OFFICE ACTION**

Sir:

A timely response to this Office Action,

which has a three-month period for response, is due no later than May 9, 2005. Thus, this response is timely filed. Please amend the above-identified application as follows:

**Amendments to the Specification** are begin on page 2

**Amendments to the Claims** are reflected in the listing of claims, which begin on page 3 of this paper.

**Remarks** begin on page 11 of this paper.

A **Terminal Disclaimer** is attached following page 12 of this paper.

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May 5, 2005

BY: LORRAINE KOWALCHUK

*Lorraine Kowalchuk*  
(SIGNATURE)

5/5/05  
(DATE)

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